

(Residential) Remodel / Addition _____

(Commercial) - Remodel / Addition / Change-In-Use _____

Construction Site: _____

Name of Applicant: _____ Phone # _____

Address: _____ Zip Code: _____

Record Owner: _____ Phone # _____

Address: _____ Zip Code: _____

Name of Contractor: _____ Phone _____

Contractor Fax # _____

Address: _____ Zip Code: _____

Electrician: _____ Heating Contractor: _____

Plumber: _____ **(Plumber and Sewer Contractor must sign the respective permits prior to starting work.)*

Sewer Contractor: _____

Applicant's Signature _____

Estimated Value (Exclusive of Land): \$ _____

Required with Permit Application

To Be Determined by Inspector

2 Plans (1 Wet Stamp) _____ Geologist Test Bore: _____

Sewer District # _____ Flood Plain Dev. Permit: _____

NYS Energy: _____ Board of Appeals: _____

Grading / Drainage: _____ Planning Board: _____

Driveway Approval: _____ Fire Advisory: _____

Survey / Plot Plan: _____ Town Board: _____

W/C: _____ Sewer District Receipt: _____

W/C -DB: _____ ECHD: _____

Waiver Form: _____

Filing Fee: _____ Received By: _____ Initials

Additional Notes: _____

TO

TOWN OF CLARENCE

6221 GOODRICH ROAD
CLARENCE CENTER, NY 14032

BUILDING DEPARTMENT
716-741-8950

Fax: 716-741-8517

I hereby certify that I am the owner of the property.

Located at _____

and give permission to _____

**to build a residence as permitted by the Town of Clarence Building
Department.**

Owner (print)

Owner Signature

Date _____

Telephone _____